



Media General Public

Information Requested: Please state with specificity the nature of your request, the records you seek, and any other pertinent information related to your request.

Purpose of Request:	Personal	Commercial	Public Interest		
EMAIL ADDRESS					
NAME OF PERSON MAKING	REQUEST (Plea	ase Print Name)			
ADDRESS					
CITY			STATE		ZIP
PHONE			FAX		
If this is a media request, who are you affiliated with.					
SIGNATURE				DATE	

You will be notified of any applicable fees pursuant to the Oklahoma Open Records Act, 51 O.S. §§ 24A.1 - 24A.30. Do NOT send money prior to receiving notification of applicable fees and the exact amount due.

RETURN FORM TO: OKLAHOMA BROADBAND OFFICE 301 NW 63rd Street, Suite 200 Oklahoma City, OK 73116 Email: OpenRecordsRequest@broadband.ok.gov